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CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on Fri 12 Jun 15 02:11:48 PM EDT by nekretchmar@ptcl.com .

SAC : 432018

SPIN : 143002395

Carrier Name : PIONEER TEL COOP INC

Program Year : 2016

A confirmation email will be sent to the email address on record for your user ID. Please email USAC at HCCERTS@USAC.ORG if you do not receive this email within 24 hours.

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**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	432018
<015> Study Area Name	PIONEER TEL COOP INC
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Nick Kretchmar
<035> Contact Telephone Number: Number of the person identified in data line <030>	4053750180 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	nekretchmar@ptci.com

ANNUAL REPORTING FOR ALL CARRIERS

54.313 Completion Required	54.422 Completion Required
----------------------------------	----------------------------------

<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input type="checkbox"/> -- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div>432018ok310.pdf</div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	194	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div>432018ok330.pdf</div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	1.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div>432018ok510.pdf</div> (attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div>432018ok610.pdf</div> (attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div>432018ok1010.pdf</div> (attach descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

<2000> Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	432018
<015>	Study Area Name	PIONEER TEL COOP INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Nick Kretchmar
<035>	Contact Telephone Number - Number of person identified in data line <030>	4053750180 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nekretchmar@ptci.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no)	<input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC?	(yes / no)	<input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

432018ok112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	Yes
<114>	Report how much universal service (USF) support was received	Yes
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	Yes
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	Yes
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	Yes
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	Yes

Yes
Yes
Yes
Yes
Yes
Yes

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[illegible]

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1/1/2015

-- See attached worksheet

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986 / OMB Control No. 3060-0819

July 2013

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[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	nekretchmar@ptci.com
<810>	Reporting Carrier	Pioneer Telephone Cooperative (OK)
<811>	Holding Company	Pioneer Telephone Cooperative (OK)
<812>	Operating Company	Pioneer Telephone Cooperative (OK)

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<039>	Contact Email Address - Email Address of person identified in data line <030>	nekretchmar@ptci.com

<910> Tribal Land(s) on which ETC Serves

Wichita and Affiliated Tribes, Kiowa Tribe of Oklahoma, Fort Sill Apache Tribe of Oklahoma, Delaware Nation, Comanche Nation, Chickasaw Nation, Cheyenne Arapaho Tribes of Oklahoma, Caddo Indian Tribe of Oklahoma, Apache Tribe of Oklahoma.

<920> Tribal Government Engagement Obligation

432018ok920.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
<922>	Feasibility and sustainability planning;
<923>	Marketing services in a culturally sensitive manner;
<924>	Compliance with Rights of way processes
<925>	Compliance with Land Use permitting requirements
<926>	Compliance with Facilities Siting rules
<927>	Compliance with Environmental Review processes
<928>	Compliance with Cultural Preservation review processes
<929>	Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	nekretchmar@ptci.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	432018
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<039>	Contact Email Address - Email Address of person identified in data line <030>	nekretchmar@ptci.com

432018ok1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP www.ptci.com

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

Page 10

(3000) Rate Of Return Carrier Additional Documentation**Data Collection Form**

FCC Form 481

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<039>	Contact Email Address - Email Address of person identified in data line <030>	nekretchmar@ptci.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

432018ok3010.docx

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☒

432018ok3012.docx

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No) ☐ ☒
(Yes/No) ☐ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No) ☐ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒
(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐
(3023) Underlying information subjected to a review by an independent certified public accountant ☐
(3024) Underlying information subjected to an officer certification. ☐
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

432018ok3026.pdf

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation (Continued)

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	432018
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<030>	Contact Name - Person USAC should contact regarding this data	Nick Kretchmar
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<039>	Contact Email Address - Email Address of person identified in data line <030>	nekretchmar@ptci.com

Financial Data Summary

(3027) Revenue

86683325

(3028) Operating Expenses

79031122

(3029) Net Income

10905429

(3030) Telephone Plant In Service(TPIS)

314327589

(3031) Total Assets

272247969

(3032) Total Debt

0

(3033) Total Equity

239435965

(3034) Dividends

11113899

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<030> Contact Name - Person USAC should contact regarding this data	Nick Kretchmar
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: PIONEER TEL COOP INC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/12/2015
Printed name of Authorized Officer: Nick Kretchmar	
Title or position of Authorized Officer: Division Manager-Regulatory	
Telephone number of Authorized Officer: 4053750180 ext.	
Study Area Code of Reporting Carrier: 432018	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

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<035> Contact Telephone Number - Number of person identified in data line <030>	4053750180 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	nekretchmar@ptci.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(200) Service Outage Reporting (Voice)
Data Collection Form

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<039> Contact Email Address - Email Address of person identified in data line <030> nekretchmar@ptci.com
<220>

<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
01-2014	04/11/2014	10:45	04/11/2014	11:15	6550	45312	No	Wireline (including cable) VoIP,Wireline (including cable) Voice (non-VoIP),Wireline including Voice, video, data	No	Replaced RAP card in Calix	More spares available
02-2014	04/28/2014	11:30	04/28/2014	11:35	33	45218	No	Wireline (including cable) VoIP,Wireline (including cable) Voice (non-VoIP),Wireline including Voice, video, data	No	Repair Cut Cable	Locate Lines
03-2014	04/30/2014	14:50	04/30/2014	21:10	46	45172	No	Wireline (including cable) VoIP,Wireline (including cable) Voice (non-VoIP),Wireline including Voice, video, data	No	Repair Cut Cable	Locate Lines
04-2014	05/14/2014	12:00	05/14/2014	15:00	22	44721	No	Wireline (including cable) VoIP,Wireline (including cable) Voice (non-VoIP),Wireline including Voice, video, data	No	Repair Cut Cable	Locate Lines
05-2014	05/16/2014	14:25	05/16/2014	19:25	24	44721	No	Wireline (including cable) VoIP,Wireline (including cable) Voice (non-VoIP),Wireline including Voice, video, data	No	Repair Cut Cable	Locate Lines
06-2014	05/24/2014	17:50	05/24/2014	19:10	88	44689	No	Wireline (including cable) VoIP,Wireline (including cable) Voice (non-VoIP),Wireline including Voice, video, data	No	CPU Card Replacement	Normal Outage
07-2014	05/29/2014	12:05	05/29/2014	13:25	24	44672	No	Wireline (including cable) VoIP,Wireline (including cable) Voice (non-VoIP),Wireline including Voice, video, data	No	Restore Power	Normal Outage
08-2014	06/09/2014	09:45	06/09/2014	11:00	16	44663	No	Wireline (including cable) VoIP,Wireline (including cable) Voice (non-VoIP),Wireline including Voice, video, data	No	Repair Cut Cable	Locate Lines
09-2014	08/12/2014	16:00	08/12/2014	20:50	100	44102	No	Wireline (including cable) VoIP,Wireline (including cable) Voice (non-VoIP),Wireline including Voice, video, data	No	Repair Cut Cable	Locate Lines
10-2014	08/21/2014	13:00	08/21/2014	19:20	26	43798	No	Wireline (including cable) VoIP,Wireline (including cable) Voice (non-VoIP),Wireline including Voice, video, data	No	Repair Fiber Splitter	Normal Outage
11-2014	09/08/2014	14:45	09/08/2014	21:15	1426	43654	Yes	911, E911 or NG911 Services only,Bad Cross Connect	No	Alternate route available	Switch to alternate route
12-2014	12/01/2014	06:25	12/01/2014	13:30	20	43379	No	Wireline (including cable) VoIP,Wireline (including cable) Voice (non-VoIP),Wireline including Voice, video, data	No	Replace CPU Card	Normal Outage
13-2014	12/08/2014	06:30	12/08/2014	12:30	24	43379	No	Wireline (including cable) VoIP,Wireline (including cable) Voice (non-VoIP),Wireline including Voice, video, data	No	Power loss	Normal Outage

Data Collection Form

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<220>		

[illegible]

(700) Price Offerings including Voice Rate Data
Data Collection Form

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<039> Contact Email Address - Email Address of person identified in data line <030> nekretchmar@ptci.com

<701> Residential Local Service Charge Effective Date

1/1/2015

<702> Single State-wide Residential Local Service Charge

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
OK	ALINE		FR	16.95	0.0	0.37	0.0	17.32
OK	AMES		FR	16.95	0.0	0.37	0.0	17.32
OK	APACHE		FR	16.95	0.0	0.37	4.12	21.44
OK	ARNETT		FR	19.4	0.0	0.42	0.0	19.82
OK	BLANCHARD		FR	16.95	0.0	0.37	5.78	23.1
OK	BRADLEY		FR	16.95	0.0	0.37	0.0	17.32
OK	BUFFALO		FR	19.4	0.0	0.42	0.0	19.82
OK	CALUMET		FR	16.95	0.0	0.37	5.78	23.1
OK	CANTON		FR	16.95	0.0	0.37	0.25	17.57
OK	CARMEN		FR	16.95	0.0	0.37	0.0	17.32
OK	CARTER		FR	16.95	0.0	0.37	0.0	17.32
OK	CHATTANOOGA		FR	19.4	0.0	0.42	0.0	19.82
OK	CHESTER		FR	16.95	0.0	0.37	0.25	17.57
OK	CLEO SPRINGS		FR	16.95	0.0	0.37	0.0	17.32
OK	COMANCHE		FR	19.4	0.0	0.42	0.0	19.82
OK	COVINGTON		FR	16.95	0.0	0.37	0.25	17.57
OK	CRESCENT		FR	16.95	0.0	0.37	5.78	23.1
OK	CUSTER CITY		FR	16.95	0.0	0.37	0.25	17.57
OK	DACOMA		FR	16.95	0.0	0.37	0.25	17.57
OK	DAVIDSON		FR	19.4	0.0	0.42	0.0	19.82
OK	DEER CREEK		FR	16.95	0.0	0.37	0.0	17.32

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 432018
<015> Study Area Name PIONEER TEL COOP INC
<020> Program Year 2016
<030> Contact Name - Person USAC should contact regarding this data Nick Kretchmar
<035> Contact Telephone Number - Number of person identified in data line <030> 4053750180 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> nekretchmar@ptci.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2015

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
OK	DIBBLE		FR	16.95	0.0	0.37	5.78	23.1
OK	DOUGLAS		FR	16.95	0.0	0.37	4.12	21.44
OK	DOVER		FR	16.95	0.0	0.37	0.25	17.57
OK	DRUMMOND		FR	16.95	0.0	0.37	4.12	21.44
OK	FARGO		FR	16.95	0.0	0.37	0.25	17.57
OK	FAY		FR	16.95	0.0	0.37	0.25	17.57
OK	FREDERICK		FR	19.4	0.0	0.42	0.0	19.82
OK	FREEDOM		FR	16.95	0.0	0.37	0.0	17.32
OK	FT SUPPLY		FR	19.4	0.0	0.42	0.0	19.82
OK	GAGE		FR	19.4	0.0	0.42	0.0	19.82
OK	GARBER		FR	16.95	0.0	0.37	0.25	17.57
OK	GEARY		FR	16.95	0.0	0.37	0.25	17.57
OK	GOULD		FR	19.4	0.0	0.42	0.0	19.82
OK	GRANDFIELD		FR	19.4	0.0	0.42	0.0	19.82
OK	HARMON		FR	16.95	0.0	0.37	0.25	17.57
OK	HASTINGS		FR	19.4	0.0	0.42	0.0	19.82
OK	HELENA		FR	16.95	0.0	0.37	0.0	17.32
OK	HENNESSEY		FR	16.95	0.0	0.37	0.25	17.57
OK	HOLLIS		FR	19.4	0.0	0.42	0.0	19.82
OK	HOPETON		FR	16.95	0.0	0.37	0.25	17.57
OK	HUNTER		FR	16.95	0.0	0.37	0.25	17.57

(700) Price Offerings including Voice Rate Data
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July 2013

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<020> Program Year 2016
<030> Contact Name - Person USAC should contact regarding this data Nick Kretchmar
<035> Contact Telephone Number - Number of person identified in data line <030> 4053750180 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> nekretchmar@ptci.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2015

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
OK	KINGFISHER		FR	16.95	0.0	0.37	5.78	23.1
OK	LAHOMA		FR	16.95	0.0	0.37	4.12	21.44
OK	LAMONT		FR	16.95	0.0	0.37	0.25	17.57
OK	LOCO		FR	19.4	0.0	0.42	0.0	19.82
OK	LONGDALE		FR	16.95	0.0	0.37	0.25	17.57
OK	LOYAL		FR	16.95	0.0	0.37	0.25	17.57
OK	MANITOU		FR	19.4	0.0	0.42	0.0	19.82
OK	MARSHALL		FR	16.95	0.0	0.37	0.0	17.32
OK	MAY		FR	16.95	0.0	0.37	0.0	17.32
OK	MENO		FR	16.95	0.0	0.37	0.25	17.57
OK	MOORELAND		FR	16.95	0.0	0.37	0.25	17.57
OK	MUTUAL		FR	16.95	0.0	0.37	0.25	17.57
OK	NASH		FR	16.95	0.0	0.37	0.25	17.57
OK	NEWCASTLE EAST		FR	16.95	0.0	0.37	5.78	23.1
OK	NEWCASTLE WEST		FR	16.95	0.0	0.37	5.78	23.1
OK	OAKWOOD		FR	16.95	0.0	0.37	0.25	17.57
OK	OKARCHE		FR	16.95	0.0	0.37	5.78	23.1
OK	OKEENE		FR	16.95	0.0	0.37	0.0	17.32
OK	ORLANDO		FR	16.95	0.0	0.37	0.0	17.32
OK	POND CREEK		FR	16.95	0.0	0.37	0.25	17.57
OK	PUTNAM		FR	16.95	0.0	0.37	0.25	17.57

**(700) Price Offerings including Voice Rate Data
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	432018
<015>	Study Area Name	PIONEER TEL COOP INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Nick Kretschmar
<035>	Contact Telephone Number - Number of person identified in data line <030>	4053750180 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nekretschmar@ptci.com

<701> Residential Local Service Charge Effective Date

1/1/2015

<702> Single State-wide Residential Local Service Charge

<703>

[illegible]

<p>[710] Broadband Price Offerings</p> <p>Data Collection Form</p>	<p>FCC Form 481</p> <p>OMB Control No. 3060-0986/OMB Control No. 3060-0819</p> <p>July 2013</p>
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OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	432018
<015>	Study Area Name	PIONEER TEL COOP INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Nick Kretchmar
<035>	Contact Telephone Number - Number of person identified in data line <030>	4053750180 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nekretchmar@ptci.com

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	432018
<015>	Study Area Name	PIONEER TEL COOP INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Nick Kretchmar
<035>	Contact Telephone Number - Number of person identified in data line <030>	4053750180 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nekretchmar@ptci.com
<810>	Reporting Carrier	Pioneer Telephone Cooperative (OK)
<811>	Holding Company	Pioneer Telephone Cooperative (OK)
<812>	Operating Company	Pioneer Telephone Cooperative (OK)

[illegible]